

# COLLIN COUNTY JUSTICE COURT

## APPLICATION FOR DEFERRED DISPOSITION

\_\_\_\_\_  
Defendant's Name

\_\_\_\_\_  
Charge

\_\_\_\_\_  
Citation #

Please answer **yes or no** to the following questions:

**YES    NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you on deferred disposition (probation) for any other citation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you received a citation for the charge mentioned above within past twelve (12) months and had it dismissed by a deferment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you completed an approved Driver's Safety Course in the past twelve (12) months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Was there an accident involved at the time you received your citation?  |

### AFFIDAVIT

I have a valid Drivers License or Permit (from the state of residence).

I have proof of insurance, and I am listed as a driver on the insurance policy or insurance card.

I was in a non-commercial vehicle and was not going 30 mph or more than 30 mph over the posted speed limit.

### PLEA

I hereby enter my plea of **NO CONTEST** or **GUILTY** (circle one) to the offense of

\_\_\_\_\_ and ask the court to grant me Deferred Disposition.

Furthermore, I understand that as a condition of my deferment, I can not commit an offense against the State of Texas while under this court order.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant's Physical Address  
Mailing Address if Different \_\_\_\_\_

\_\_\_\_\_  
Telephone Number